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Bib Data Sheet

CONFIRMATION NO. 6102

SERIAL NUMBER 10/823,907	FILING DATE 04/14/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 5009463-12
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APPLICANTS

Michael Karl Johnson, Hays, KS;

** CONTINUING DATA *****

none RS.

** FOREIGN APPLICATIONS *****

none RS.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY KS	SHEETS DRAWING 18	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>Robert S. Hunter</i> Initials RGS				

ADDRESS

21129
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TITLE

Low profile hospital bed

FILING FEE RECEIVED 493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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